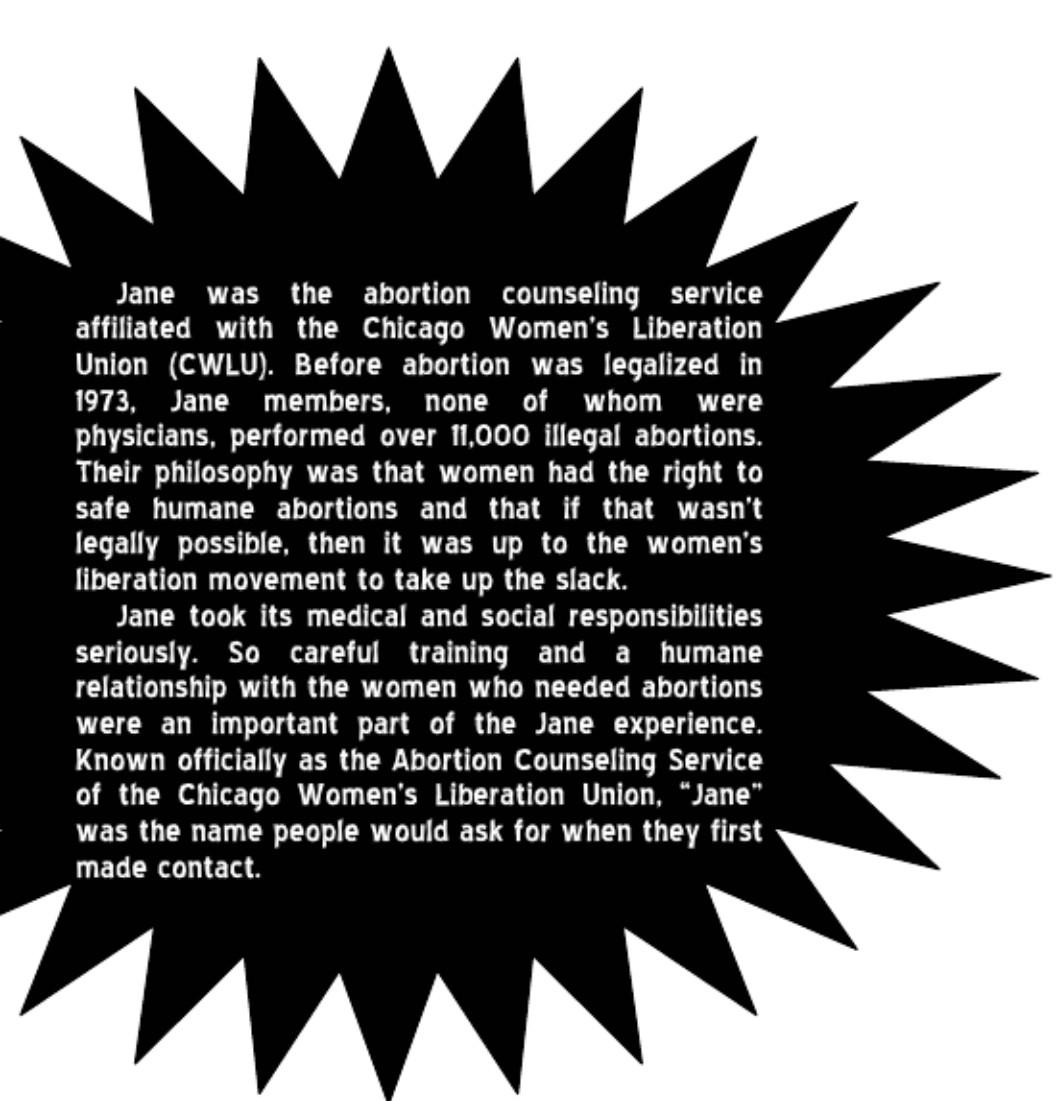


jane

Documents from Chicago's
Clandestine Abortion Service

1968-1973



Jane was the abortion counseling service affiliated with the Chicago Women's Liberation Union (CWLU). Before abortion was legalized in 1973, Jane members, none of whom were physicians, performed over 11,000 illegal abortions. Their philosophy was that women had the right to safe humane abortions and that if that wasn't legally possible, then it was up to the women's liberation movement to take up the slack.

Jane took its medical and social responsibilities seriously. So careful training and a humane relationship with the women who needed abortions were an important part of the Jane experience. Known officially as the Abortion Counseling Service of the Chicago Women's Liberation Union, "Jane" was the name people would ask for when they first made contact.

Cover design by Merrydeath Stern

Originally part of the *Celebrate People's History* poster project:
www.justseeds.org/posters/cph

jane

Documents from Chicago's Clandestine Abortion Service 1968-1973

Compiled and Published 2004
by firestarter press

firestarter press
PO Box 50217
Baltimore, MD 21211
USA

firestarterpress@zippy.com

*Special thanks to Judith Arcana, Jeanne Galatzer-Levy, Ruth Sргal,
the CWLU (Chicago Women's Liberation Union) Herstory Project,
Merrydeath Stern, and justseeds.*

Contents

5

Introduction

by firestarter press

8

**Abortion: A Woman's
Decision, A Woman's Right**

by the Abortion Counseling Service

13

**Organizing a Clandestine
Abortion Service**

by Ruth Surgal and the CWLU Herstory
Committee

20

**She said
- before 1973**

by Judith Arcana

25

On the Job with Jane

by Jeanne Galatzer-Levy and the CWLU
Herstory Committee

40

**Feminist Politics and
Abortion in the USA**

A Discussion with Judith Arcana

Introduction

The following is a collection of various first-hand accounts and documents from the underground abortion service known as *Jane*. *Jane* operated from 1968 until the *Roe vs. Wade* Supreme Court decision (the legalization of abortion) in 1973. Despite one police bust, the group performed approximately 11,000 abortions in the Chicago area.

While most of the writing herein documents the fabulous history of *Jane* in the context of the early 1970s, the final piece is a refreshingly candid talk by *Jane* member, Judith Arcana, given in 1999. She places *Jane* in context for today's "abortion debate" here in the U.S and speaks to the present realities surrounding abortion and right-wing resistance to it, while gently, but importantly, attacking the dogmatism and rhetoric surrounding much of today's pro-choice movement: "We should never disregard the fact that being pregnant means there is a baby growing inside of a woman, a baby whose life is ended. We ought not to pretend this is not happening."

This pamphlet is not intended to be a comprehensive history of *Jane*. (Such a history can be found in Laura Kaplan's fantastic book, *The Story of Jane: The Legendary Underground Feminist Abortion Service* and Kate Kirtz and Nell Lundy's documentary film, "Jane: An Abortion Service") This collection contains several first-hand accounts chosen to convey the electric story of *Jane*. Most importantly, *Jane* provides us with a taste of what is possible in counterattacking techno-industrial society's psychological, and, in this case, physical, assault. The group is *not* only worth uncovering because of its (non-existent) role in the *Roe vs. Wade* decision. *Jane* is more importantly worth examining today because of its

impressive display of effective self-organization and self-activity, its disregard for Western medicine and morals, and its indifference toward legalization with an implicit class struggle politics.

Regardless of what historians' analyses say, the fact is that a group of women came together to meet the needs of other women when the state failed to provide any support or doctors. Furthermore, *Jane's* services *intentionally* did not reflect the faceless bureaucracy of the state's programs. It cannot be stressed enough that instead of demanding that the state do something (legalize), *Jane* forged ahead and took what the state did not give them. Perhaps the most wonderful thing about this self-activity was its *perpetuation* of self-activity. After knowing nothing of the abortion procedure, this ever-growing group of women eventually learned the skills (of the operation and of support) and taught each other when no one else would teach them. From no abortion knowledge to multiple women performing the procedures, it was a learning process that spread like wildfire in a climate of mutual aid.

Some liberals might say that it is not the activity of *these* women that should be applauded, but it is the efforts of the women (and men) who fought in the courts, lobbied Congress, and ultimately swayed the *Roe vs. Wade* decision. But such an argument would only support the sickening progress that follows legalization: the further regimentation, mechanization, dehumanization, and cooptation of women's health. *Jane* functioned in direct opposition to modern, Western medical traditions by providing abortions outside the confines of sterile medical centers (and their patient-as-consumer mentality) *and* making the women who needed abortions feel as much a part of the process as the members, thereby demystifying the abortion procedure so everyone could make intelligent decisions. Throughout their dealings with *Jane*, the women who needed abortions and their families and lovers were supported materially, emotionally, and informationally by members of *Jane*.

Jane's implicit centrality of class stood in firm opposition to much of the bourgeois women's rights movement. These women operated (and were highly successful) in direct defiance of the state

and in cooperation and solidarity with those on the frontlines absorbing its blows. By their actions, they confronted the dogmatic liberalism of the women's liberation movement of the time. *Eleven thousand* abortions in three years. They provided their service, from the stark details of the procedure to the nurturing support system, to women from all walks of life. Most importantly, perhaps, were the abortions (and support) they gave working-class women who lacked the money to pay private doctors or mafia abortionists, or lacked the protection and support of wealthy families. Women were indeed on the frontlines of the class war in capitalist America, facing both the daily exploitation of capitalist life *and* the daily hell of the violence of the men around them, who lashed out aimlessly against this same daily, capitalist exploitation.

This incredible fragment of history is also quite timely in light of today's gradual right-wing imposition of restriction after restriction on abortion. The story of *Jane* begs us to ask: Should we really wait for abortion to be outlawed before we take matters into our own hands? We have seen what legalization can accomplish (namely cooptation, leading to Westernization), so what use is it to bat around various laws when what needs to be done is something we can do ourselves?*

firestarter press
April 2004

*Or perhaps where work needs to be done is in the pushing towards a self-managing society that renders useless this exhaustive "choice" of state-sanctioned or clandestine activity.

Abortion: A Woman's Decision, A Woman's Right

by the Abortion Counseling Service

This was the original informational brochure passed out by the ACS.

What is the Abortion Counseling Service?

We are women whose ultimate goal is the liberation of women in society. One important way we are working toward that goal is by helping any woman who wants an abortion to get one as safely and cheaply as possible under existing conditions.

Abortion is a safe, simple, relatively painless operation when performed by a trained person in clean conditions. In fact, it's less complicated than a tonsillectomy. People hear about its horrors because desperate women turn to incompetent people or resort to unsafe methods. Much of our time is spent finding reliable and sympathetic doctors who will perform safe abortions for as little money as possible. You will receive the best medical care we know of.

Although abortions are illegal in Illinois, the state has not brought charges against any woman who has had an abortion. Only those who perform abortions have been prosecuted.

Any information you give your counselor is kept confidential. She will not give your name to anyone or discuss anything you tell her without your permission. It is vitally important that you are completely honest about your medical history with your counselor and the doctor.

Loan fund

Because abortions are illegal and in such demand, they are exorbitantly expensive. In fact, an abortion frequently costs as much as the combined doctor and hospital bills for having a baby. The ACS believes that no woman should be denied an abortion because she is unable to pay for it. We have a small and constantly depleted non-interest loan fund for women who would otherwise be unable to have an abortion. It is non-profit and non-discriminatory. Twenty-five dollars of what you pay for an abortion goes toward maintaining this service. If you receive money from this fund, please repay it as promptly as you can so that the money may be used to help other women. An unpaid loan may mean that we cannot lend money to someone else who needs it desperately.

About the operation

BEFOREHAND: Confirm your pregnancy by a pregnancy test at a medical laboratory. Try to figure out as accurately as possible how many weeks pregnant you are. If you have any special physical condition (like allergies or heart trouble) which would call for special precautions, tell your counselor and the doctor about it before the operation.

When you keep your appointment with the doctor you should take with you a sanitary napkin and belt, not a tampon or tampon. You may want a friend or relative to go along to go home with you. Notify us beforehand that someone will be with you. The day of the abortion, eat lightly and stay away from heavily spiced foods.

THE OPERATION ITSELF: An abortion is simple and takes only a few minutes. You'll probably be given a local anesthetic. The injections are relatively painless. After the anesthetic has taken effect, the neck of the uterus is opened and the lining of the uterus is scraped out with a loop-shaped instrument called a curette. The operation is called a dilation and curettage, or a D&C.

After the operation is over the doctor may give you a shot or pills to prevent infection and bleeding. Lie down and rest for half-an-hour or till you feel normal. Before you leave, the doctor may give you antibiotics or other pills and will explain their function and use. One of the pills may be ergotrate to help the uterus contract and prevent excessive bleeding. Feel free to ask the doctor or us any question you may have.

AFTERWARD: If the doctor asks you to check back, it is very important that you do so as instructed. Also call us so we know how you are feeling and whether you are perfectly satisfied with the doctor we sent you to. You should be examined by a gynecologist within a few weeks after your abortion. If you like, we can recommend a gynecologist for the post-operative examination.

You may bleed or cramp mildly for a few days or feel other slight effects for a few weeks. On the other hand; you may have no after-effects except slight bleeding. Physical response varies from woman to woman. If you bleed for longer than three weeks or pass big blood clots, call us or go to a gynecologist. Again, if you have questions or need reassurance, please call us. Don't engage in strenuous exercise or take tub baths for about ten days, and make sure you move your bowels regularly. Hold off on intercourse for at least ten days to a month, or till you're fully healed.

You may have some emotional "blues" after your abortion. Partly this is because of the way we're brought up, partly it is because of hormonal changes in your body. If you want to talk this over with someone, call us.

If you have not been using any contraceptive and would like to start now (it beats an abortion), ask the gynecologist about it when you go in for your check-up. Women who have been using birth control pills should not start taking them again until after their first normal period has started. The pills are frequently not fool-proof during the first month of their use. A diaphragm may no longer fit you after you have had an abortion. If you use one, you should be re-measured by a gynecologist to see if you need a new size.

Abortion as a social problem

We are giving our time not only because we want to make abortions safer, cheaper and more accessible for the individual women who come to us, but because we see the whole abortion issue as a problem of society. The current abortion laws are a symbol of the sometimes subtle, but often blatant, oppression of women in our society.

Women should have the right to control their own bodies and lives. Only a woman who is pregnant can determine whether she has enough resources—economic, physical and emotional—at a given time to bear and rear a child. Yet at present the decision to bear the child or have an abortion is taken out of her hands by governmental bodies which can have only the slightest notion of the problems involved.

Cultural, moral and religious feelings are largely against abortion, and society does all it can to make a woman feel guilty and degraded if she has one.

The same society that denies a woman the decision not to have a child refuses to provide humane alternatives for women who do have children, such as child care facilities to permit the mother to work, or role flexibility so that men can share in the raising of children. The same society that insists that women should and do find their basic fulfillment in motherhood will condemn the unwed mother and her fatherless child.

The same society that glamorizes women as sex objects and teaches them from early childhood to please and satisfy men views pregnancy and childbirth as punishment for “immoral” or “careless” sexual activity, especially if the woman is uneducated, poor or black. The same morality that says “that’s what she gets for fooling around” also fails to recognize society’s responsibility to the often unwelcome child that results. Punitive welfare laws reflect this view, and churches reinforce it.

Our society’s version of equal opportunity means that lower-class women bear unwanted children or face expensive, illegal and

often unsafe abortions, while well-connected middle-class women can frequently get safe and hush-hush "D and C's" in hospitals.

Only women can bring about their own liberation. It is time for women to get together to change the male-made laws and to aid their sisters caught in the bind of legal restrictions and social stigma. Women must fight together to change the attitudes of society about abortion and to make the state provide free abortions as a human right.

There are currently many groups lobbying for population control, legal abortion and selective sterilization. Some are actually attempting to control some populations, prevent some births—for instance those of black people or poor people. We are opposed to these or any form of genocide. We are for every woman having exactly as many children as she wants, when she wants, if she wants. It's time the Bill of Rights applied to women. Its time women got together and started really fighting for their rights. Governments have to be made to realize that abortions are part of the health care they must provide for the people who support them.

If you are interested in giving your energy and time to help bring about a better life for yourself and your daughters and sons, get in touch with Jane.

(What followed were addresses and phone numbers to contact Jane.)

Organizing a Clandestine Abortion Service

by Ruth Surgal and the CWLU Herstory Committee

This article was developed from a 1999 interview conducted by Becky Kluchin.

Soon after her first puzzled encounter with feminist ideas, Ruth Surgal had one of those "Ah" or "Click" experiences, when suddenly, women's liberation made perfect sense. Many women had such experiences in the 1960s and 1970s. For Ruth it was listening to a 1969 radio interview with Marlene Dixon, a University of Chicago professor who had been fired because of her outspoken support of the women's liberation movement.

Active in the anti-war movement, Surgal felt the need to do something different,

I was looking for something to do because I was not willing to get arrested in the anti-war movement. It wasn't that I didn't care about it, but for whatever reason it wasn't my personal fight. And I knew that the women's movement was my personal fight and that I would be willing to go to the wall for it, or whatever, get arrested—not that I did, but... I went to this house and there were different activities, you know, different things that were being organized.

There was the Women's Union, there probably was daycare, there might have been some sports, a newsletter, and an abortion counseling service. And since I was a social worker, and I knew crisis intervention, that was of course what I would do. So it didn't come out of a particular interest in abortion. It came out of my work experience.

Jane began as a referral service, but for Surgal and the others, dealing with the actual male abortionists was a very frustrating experience. There were blindfolds, high prices, secret motel rooms and the nagging feeling that women needed to be in control over the process. Finally the Service settled on one abortionist who seemed more flexible than the rest. Claiming to be a physician, he became known as "Mike." Although no one questioned his technical expertise as an abortionist, it was eventually learned that Mike really wasn't a doctor.

When Surgal and Jody Parsons first negotiated with him:

We both went down to talk to him, because he wouldn't talk to both of us at the same time because three made a conspiracy. So first I went to talk to him, and I— whatever we talked about, and then Jody went to talk to him and she got him to come down in money and she was much tougher than I was. But they got to be really, really close friends and they were friends for years afterwards.

According to Ruth, Mike was a very complicated person:

He was a con man. I mean he truly, truly, truly was a con man. Back in the days of the counseling service I thought he was the sexiest man I ever met. It was like I could hardly stand it, I thought he was—it was just impossible. You know, that's how I felt. I just thought the sexiest person. He was just exuding it ... He was this very odd combination, and I think he had just never met anybody quite like Jody certainly, there just aren't many people quite like Jody, and like the group as a whole.

He grew up in a very tough neighborhood where most of his friends were in prison or dead. So, his expectation was that you had to take care of yourself because if you didn't someone would knock you out, and you had to watch your back all the time.

But he thought I was a traitor so to speak, a stool pigeon because I was the person who insisted that we had to let everybody know that he wasn't a real doctor. And he was furious and he yelled and screamed and was just beside himself and I felt bad. Then he went back to California and called me long distance and apologized. He was very sorry. He was a very complicated person. Very complicated.

While working for Jane, Mike taught people his abortion techniques. As people learned what he knew, the blindfolds began coming off and the prices dropped. The people he trained, trained others, so that after his departure Jane became an all-woman service.

Jane's medical techniques were very good, but Jane always felt that technical knowledge wasn't enough. The women seeking the abortions needed to feel that they were part of the process. Although the modern term "empowerment" has become something of a threadbare politician's cliché, Jane actually took the idea seriously.

Counselors and intake personnel learned to listen to Jane's clients carefully, as what was NOT said was often as important as what WAS said. Women were encouraged to talk about themselves and their lives. People talked about women's liberation, about how women were expected to be sexy and desirable, but then were punished for becoming pregnant. Women were encouraged to talk about their personal experiences with children, pregnancy and abortion. Jane wanted to demystify the abortion experience so that people could make intelligent decisions about what to do.

Surgical explains:

It was one of the things we talked about a lot that we were not doing something TO this woman, we were doing something WITH this woman and she was as much a part of it, and part of the process as we were. So that we would talk about how we relied on them if we got busted. You know we would explain that they were not doing anything illegal. We were doing something illegal. But we need their help, and you know don't talk about it, and we have to be quiet, and it might be a terrible way to do things but this is what we have to do. And people were pretty good.

Jane was a diverse group of people and styles varied:

Some people were much more political and could get really good political discussions going. Others would just kinda sit, and there'd be friendly conversations. You know it just really depended on who it

was. I mean people were helpful to each other by and large. Not necessarily in really big ways. One person would have an abortion and then the next person would, just like when you go to the dentist, [and say things like] oh you know it wasn't that bad. People were pretty good. But not always... I think because we set it up in such a comfortable way, and we tried so hard to be respectful.

I think that that kind of attitude of respect and egalitarian or equality or whatever the word is, helps people be together, and bonds people. You know, I think mostly people recognized real support, you know, and the kind of warmth and acceptance, whatever it is that comes from that sorta approach and a way of—I suppose people have different styles, I made myself so present, that was my way of doing it, that I, you know, to make people comfortable I'd make myself present in a, at least this is what I think I did, in a way that was strong and vulnerable at the same time.

Jane tried to find places for volunteers based on their skills and abilities. Surgal herself did not feel confident enough to perform the actual abortion procedure:

I think in the beginning I was curious about the process. But because I am so strongly a helping person there was somebody whose hand had to be held and there I was to do it...

Then actually helping a little bit, or actually trying to do abortions, I really had a lot of trouble with that. I could do the first part. I could dilate the cervix, I could give the shot, but I couldn't do that abortion. I could do it now. But I couldn't do it then. And now I could do it because I trust my hands. And then I didn't. And I trust them now because of doing pottery. Like I couldn't make piecrusts before and now I can.

I was afraid I would hurt somebody. If I couldn't see what my hands were doing, how did I know? As long as I could see what I was doing I was okay, but once I had to go inside and I couldn't see anymore, I had no confidence that I would do it right.

Surgal decided that her talents would better serve the group as "Big Jane," the term that was used to describe the person who

actually assigned abortion counselors, scheduled abortions, and was the members' main source of information. She explains:

I took the job of Big Jane, that was the only other seriously powerful position. And I did it. And now, I was fortunate, or I should say the group was fortunate. There was a person who was doing Big Jane and she was not doing a very good job, and she was very good at doing abortions. So I said all right we're switching, I'm going do this and you're going do that, and I could do that because I had the power in the group to do it. Although everybody was angry, but they wouldn't tell me about it because I had the power and I could do it. You know how that goes.

Decision making within Jane could be difficult. Conditions were stressful because of the life and death nature of the work they were doing, the necessity for secrecy, and the knowledge that they had to focus on the work because so many desperate women depended on them. People had a tendency to suppress open disagreement to keep the group united and task oriented. Naturally, this created its own problems, but when 7 Jane members were unexpectedly arrested and the very existence of the group was threatened, people continued performing abortions, even as disagreements about strategy intensified.

Surgical especially remembers one struggle:

I remember there was this one woman who was fierce, and extremely powerful. She just wasn't in the leadership group. I don't remember what we had this fight about, but it was certainly during the arrest. She and I had a terrible argument right about something we were going to do. But I won. And I knew I would because I can be so fierce when I have to be. And so I out-fierced her.

Jane soon figured out the arrests were not part of an overall plan to shut down the Abortion Counseling Service, but rather the actions of an individual police commander. Ironically, some of Jane's clients came from police families and the overall attitude of the usually repressive and controlling Mayor Richard J. Daley city administration was to unofficially ignore Jane's activities.

Not long after the Roe vs. Wade decision legalized abortion in January of 1973, the case against the "Abortion 7" was quietly dropped. Some Jane members wanted to go on, believing that legalization did not address the issues of cost and the quality of care. Others were burned out, or feared that because abortion was now legally profitable, the medical establishment would have them prosecuted for practicing medicine without a license.

Ruth Surgal hoped that Jane's extensive experience in performing abortions would become a model:

I was naïve, I thought we had learned in the counseling service how to deliver services in a very respectful way that made it so much easier on everybody, and particularly for the woman. We could go out into the world and the medical world would take it and everybody would then practice medicine differently. Well, you know, of course wasn't going to happen. I mean even in abortion clinics it didn't happen, so, I was naïve.

Jane closed its doors in the spring of 1973. The Abortion Counseling Service existed in tumultuous times and no one who went through Jane was unaffected by the intensity of the experience.

For the people who I know, it was the single most intense period of our life and when it stopped there was something missing. And you couldn't find anything to do that carried quite that energy for a long time. I mean, how often to get a chance to actually do something that's not enormously complicated and is truly helpful, you know. You can be helpful in lots of ways, but this was really helpful because without us they would've been in serious trouble. These were people who couldn't afford to go to all the regular places, you know, for abortion. Or the places they went to they would get hurt. So what we did was really important. Doesn't happen very often in a lifetime. Or hardly at all, you know, that one gets a chance to do that.

It would be all too easy to romanticize Jane, and make its members larger than life. Ruth Surgal cautions against

"overvaluing" the Jane experience because, "It makes it outside of normal experience, and it isn't outside of normal experience."

Jane members decided they had a job to do and they did it. When the job was over, Jane members moved on with their diverse lives.

Today Ruth Surgal is still involved with social work and is an accomplished potter. The hands that she feared were not steady enough to perform actual abortions, today shape clay into exquisitely subtle forms.

She is an active member of the Herstory Website Project and patiently continues to give interviews about her participation in Jane, explaining how she feels about it now:

It's only afterwards that you think about it. You know, thinking about it now I think about that, how lucky I was to have had that experience. But at the time it was just something you did, because you wanted to. It wasn't a big deal. It didn't feel like, oh I'm doing this really important thing. It didn't feel like that at all. It just was another job to do. Afterwards it felt important.... you know, and even though it was just this little tiny world important, still it had this number of women and it was a helpful thing to do.

She said

- before 1973

by Judith Arcana

On the phone she said, I have a friend who's got a problem, but she couldn't get to a phone so I'm calling for her. Do you know what I mean? Is this the right place?

When she lay down, she said, Are you a doctor?

Then she said, Aren't you afraid you'll get caught?

When we were putting in the speculum, she said, Oh, I had breakfast before I came. I know I wasn't supposed to but I was so hungry I just ate everything in sight, is that ok?

Later she said, I think I have to throw up.

Or, I have to go to the bathroom right now. Stop. I just have to go to the bathroom, and then I'll come right back.

Or, on a different day, I don't feel so good, should I do it anyway?

The next week she said, Infection? I don't have any infection. Oh, that. That's not really an infection. That infection's nothing, I've had it before, it's nothing, go on, go ahead and take that baby out.

Sometimes she said, Can I see it before you throw it away?

But another time she said, I don't want to look at it, ok? When it comes out, I'll just close my eyes, and you take it away, ok?

Once she said, What do you do with it all at the end of the day? Boy, you people are gonna get in trouble sometime, this's against the law.

And when we were done she said, What if it happens again? You know— this. Would you do me again?

She stood on the back steps outside the counselor's apartment and said, This is mi prima, my cousin, from Mexico. Can you talk Spanish to her? Habla un poco? Un poquito? Si, gringa! We will do this.

No, I'll keep it on, I'm not hot, it's ok, I'm fine. *She was wearing her boyfriend's baseball jacket in the kitchen*. She said, Just tell me what I have to know.

This is my husband, Ed. He's going to sit here with me. *She leaned over, touched his arm, and said*, Ed, honey, this is Julie, she's my counselor, the one that got assigned to me when we called the number.

When we told her she should pay whatever she could afford, she was quiet a minute and then said, I think I can get nine dollars.

My father brought me here today. He's paying for this but he's really mad at me for it. *She took a hundred dollar bill out of her pocket and said*, He thinks if everybody got liberated, like with civil rights, that there'd be a lot of trouble, and he says I prove his point, because look what happens when you just do what you want. He says that's why we have to have so many laws on everybody, because if you let people be free and do what they want they'll just do evil things.

When the sister-in-law was asked why she called the police, she said, It's a sin, she can't do this. She has to have it, we all have to. Jesus doesn't want her to get rid of this baby, that's why I did it.

He doesn't like me to talk to my mother. Him and his mother, they don't let me go home to visit. *She put the tiny baby in her mother's arms and said,* We sneaked to come for this appointment. He doesn't know I'm pregnant again. My baby is so new, I can't have another one right away. He wouldn't even want it really, he thinks this one makes too much noise. He doesn't like me to do anything without his permission.

Holding her purse, wearing her gloves, the girl clinging to her coat sleeve, she said, You take good care of her, she don't know no better, she's just a baby her own self, she don't even know how this happened. She don't know what it's all about, this whole thing.

My mother told me I couldn't keep it, she told me she'd get the baby taken away from me right away if I had it. *She cried, loud crying with snot and choking. She wiped her nose and said,* She knows I want to have it. I could be a good mother, I've taken care of babies and I know what to do. But I'm only fifteen so she'll get them to take it away from me, I know she will. That's why I'm doing this! I'd rather not even see it!

After the cervical injection, she said, How did you learn all this? Did you read a book? Is there a book?

Every now and then, she said, How come you let us bring our boyfriends over to your house to wait? Aren't you afraid they'll tell? And, Jeez, who are all these little kids? What're you guys doing, running a kindergarten on the side? Are those doughnuts for us?

When we finished talking and gave her our phone numbers, she said,

What if it comes out alive? What should I do then? I can't have it be alive. Should I, you know, should I...? Can I do it by myself? It could be alive, right?

Now and then she said, Oh I'm so sick, what a mess, oh I'm so sorry, I really feel fine but this just happened oh oh here it comes again. Oh god I'm so sorry, I can't help it, I'm such a mess, oh thank you.

She rang the bell, and when we buzzed her in she said, My girlfriends are downstairs. They brought me over when I called you about the cramps. Should they come back for me or can you give me a ride home? How long will it take for it to, you know, all come out?

Another time, waiting to miscarry, she said, I'm sorry it's taking so long. I'm sure you've got other things to do, I know a lot of women are waiting. But thank you so much, thank you for letting me come to your house. I couldn't have done this at my house, for sure. My parents think I'm at my girlfriend's house, I just hope they don't call to check on me, cause my girlfriend's mother could say something wrong and then I'd really be in trouble.

Ok, it'll take me about an hour and a half to drive home - I live over the line in Indiana - and here's what I'm going to do, *she said one winter weekend.* My father's a heavy sleeper, so if the cramps come in the night while he's sleeping he'll never hear me; I'll just go in the bathroom and lock the door. I'll do it all in there. He won't even hear the toilet flush, he never does, even when it's just ordinary, you know, flushing for regular reasons.

She looked at the clear plastic sheet on the mattress, the speculum and the syringe. Then she laughed and said, You ladies somethin, doin this up in here; you somethin, all right.

Why do you do this? *She looked around the small bedroom and said,* You're not rich. With what you charge, you can't be doing this for

the money. What's it all about? Are you a bunch of women's libbers? Is that it?

I'm not nervous. I think you are good women. I'm never nervous, maybe cuz I'm always tired. *She was so tired that when the woman beside the bed rocked her shoulder softly to wake her up, she said,* It's over? I'm sorry, I just closed my eyes after the shot you gave me down there. I'm sorry, but I was real tired, I had to work a double shift and din have no time between work and here.

Ohmygod, does this happen all the time? This bleeding? *She gasped and said,* The blood is so dark. OOh! Ice?! Ay! Make it stop! This ice tray is too cold! Ohmygod! You better not be scared, I'm the one scared, not you. Orange juice, are you kidding? Ay, what if I faint? I know people faint when they lose blood. Can you still do me? Did you finish?

She leaned over to the woman driving and quietly said, My daughter's in Children's Memorial, she's only two, she's having an operation on her stomach valve today - it doesn't work right, since she was born. My husband's over there, with her, for that, while I'm here, for this. Could I leave right after I'm done? Could you take me back right away, so I don't wait til everybody is done? Would that be ok? Would the other women mind, do you think?

She gulped some water in the kitchen and said, Oh thank you, you'll never know what this means to me, thank you so much. I can't thank you enough, I'm sure. I know some people say it's wrong, abortion, that you shouldn't take a life. And maybe you did take a life. But it's all give and take, isn't it? My mother always said that everything always comes down to give and take. So the baby, today, that was the taking - and me, me, my own life, I think that was the giving.

First published in CALYX, Winter, 1998, 17:3

© Judith Arcana. Do not copy or reproduce without permission.

On the Job with Jane

by Jeanne Galatzer-Levy and the CWLU Herstory Committee

This article was developed from a 1999 interview conducted by Becky Kluchin.

"I was really adrift, but I wanted to do something, and it seemed to me that if you were going pick something in terms of women and politics the front lines was abortion because women were dying and that was real."

-Former Jane volunteer Jeanne Galatzer-Levy

Jeanne Galatzer-Levy joins Jane

Twenty-year-old Jeannne Galatzer-Levy's introduction to the Abortion Counseling Service came at a meeting in Hyde Park. It was a rocky start. She had brought a friend named Sheila with her, which unbeknownst to her, violated Jane's security protocol because Sheila had not been specifically invited. After some pointed discussion, Sheila was allowed to stay, but the incident illustrated the everyday stresses of working in a clandestine abortion network.

Jeanne's first meeting was especially tense, because a young woman who had come to Jane had recently died. She had wanted an abortion, but had such a dangerous infection that she had been urged to check into a hospital immediately. Jane attempted to follow up her case, but it took several days to determine that she had died in the hospital.

There had been a police investigation. Although the detectives were sympathetic to Jane and did not think that the Service was responsible for the woman's death, some members had left the group over the incident. It was a difficult soul searching time for those who remained.

By the time Jeanne Galatzer-Levy joined up, Jane members were performing the actual abortions themselves, based on the techniques they had learned from "Mike," the male abortionist with whom they had formed an often contradictory, but very close relationship.

Jeanne remembers her first orientation,

It was a very large meeting, there must have been 30-35 people, all in the living room that was probably the size of my dining room, you know a big living room, a big old Hyde Park apartment, but still, a lot of women and we're all sitting on the floor and a few in the chairs in the back that had been pushed to the wall. Then we were kinda told what the Service was. And you know, it was pretty straight forward, I think. They pretty much told us everything except they were doing it themselves.

They told us they weren't using doctors anymore, and the history of that. My friend Sheila who was so much more perceptive than me, figured out immediately that they were doing it themselves and who it was that was doing it. Sheila's very sharp. But I was completely oblivious. And we joined.

And that was how we started. And I was paired— we got big sisters— and what we did then was, at the end of a meeting they actually brought out the cards and passed them around and people took cards, but not us, we didn't take cards. Then I met with Benita in her apartment a couple of times and just went through what we were gonna do and what not, and then she set up a counseling session and I actually sat in on it.

The cards that Jeanne Galatzer-Levy is referring to were the index cards Jane used to assign abortion clients to the Jane volunteers. Cards were passed around at meetings. People tended to want the "easy" cases and the "difficult" cards usually ended up

being dealt last. Short-term abortions were usually easier cases, so volunteers would start out on them. Long term abortions were more complicated and so demanded more counseling experience.

Galatzer explains,

The cards would go around, and everyone would grab you know, the one who lived in Hyde Park and was twenty years old and was three weeks since the last period, because, it was obviously gonna be better. And then there would be the woman in Long Grove who it had taken two months for her to find us, and she would go around and finally someone would say, we've gotta get rid of this woman, and someone would volunteer and take it, and I think some people learned long term counseling by saying I've never done one but I'll do it if you help me.

Jane always tried to do follow up after an abortion was performed, but the results varied considerably:

I mean some people you really got to know and you really had these wonderful relationships with, and some people you just felt there were these huge walls around them and there were walls around you. You just touched at this one point and you helped them and you know that was it, and you knew that you were never gonna see them again. That the one thing in the world they wanted to do was to forget that this had ever happened.

According to Galatzer, the people who had short-term abortions were most likely to disappear, as the procedure was less prone to complications. With long-term abortions, follow-up was a necessity:

The long-terms, you induced an abortion, you induced a miscarriage. You had to follow up. It was very important to find out what happened because what we did originally, there was a period when we had Leunbach paste and all these other things, but originally what we did was we broke the bag of water, and they pushed out a much of the amniotic fluid as they could, and the fetus would die, and then they would go into a miscarriage. But things can go wrong with that.

One, you compromise the integrity of the uterus, so there's a real possibility of infection, which there is with any natural miscarriage too. You could've missed and the baby could live, it could still live, and then you'd have to do it again. The body might not go into a miscarriage, and then there'd be dead matter in the uterus— mostly it worked very well, but there were a lot of things that could go wrong, and so it was very important to find out, to follow them, to find out whether they'd gone into a miscarriage, and then find out what happened.

Once they were in a miscarriage they were urged to go to the hospital or emergency room and then say they were in a miscarriage and deny having done anything. If they did it on their own, which some people did, they needed to have a follow up D and C, to do that because you can't leave anything hanging around in there, nothing. So you did have to really follow them. It was a very different kind of thing. And you had to, it was kinda hard because you really had to establish that relationship. You couldn't let them slide because you couldn't pretend that it wasn't happening the way you could let somebody get away with that who was eight weeks pregnant and it was gonna be something they'd deal with a lot later. It was a different situation.

New volunteers usually started out working at the "Front" which is what Jane called the apartment they used as a reception area. The abortions were performed at another apartment called, "The Place." Women were encouraged to bring along people for emotional support, so the "Fronts" became a gathering place where men, women and children could all be found.

Jane volunteers who worked the "Front," kept everything on schedule, gave out information and reassurance, inventoried supplies and served food and drinks. One Jane volunteer remembers that food was one of the few things that Jane ever really splurged on. Drivers would take a few women at a time from the "Front" to the "Place" and then back again when the abortions were done.

Jeanne Galatzer-Levy describes starting out at the "Front:"

Everybody was expected to work the Front, and it was a really long day, and it was hard. People would come and their significant others of some sort or another, their sisters or aunts or cousins or boyfriends or whatever would come, and we were very woman centered. We had all this food at the Front. We always had all this food and tea and soda and things like that. And we gave out— we started them on a dose of tetracycline. And gave them a box of pills that included ergotrate and tetracycline. They took these afterwards, to contract the uterus and help them get back into shape.

You would talk to people. They'd be nervous and then the people who were going for the abortions would be driven off and their significant cousins, brothers, sisters, children whatever would then be sitting there. And so you would have to kinda entertain them. And you know, I was a fairly shy person and it was hard, you know it's kinda hard to be conducive to strangers in this very peculiar circumstance. I was very young, and you were giving a kind of tea party all day long, and you really were kinda out of the loop, you really didn't know exactly what was going on. So first you did that. And I did that for a while. And then there was the driver and I moved very quickly into driving because I was one of the few people who had a driver's license. Lots of people didn't have their license. Well U of C at the time was full of New Yorkers and New Yorkers don't drive, like I was one of the people who helped teach Sheila how to drive.

After abortion became legal in New York, women with more money could hop on a plane and have the procedure done legally, so Jane's clientele became poorer. Jeanne Galatzer-Levy was treasurer at that point and describes Jane's finances,

Our population became much poorer and we charged, at that point one hundred dollars and we took anything— we literally took nothing. We asked that they give us something. But often they didn't, you know. We were averaging about fifty bucks. I was by then the treasurer and we were averaging about fifty bucks which we figured we could do, we had figured out that whatever we charged we ended up with about half that.

I think earlier on, when we were using 'Mike' we had to actually have the money and then he'd give us a few free ones. People have wonderful stories about getting people's coin jars. I never got that as a driver, but I did get a lot of singles. And I, the driver would pick people up, drive around a little bit then go off onto a side street, park the car and ask for the money. People would hand me the money and I would take it, and then I would shove it into my pocket. I never counted it. And I don't think anybody ever counted it.

So you know, I didn't know what people handed me and I didn't care. And sometimes they would say when they handed me, I don't have all this, and I would say it doesn't matter. So we did have some really broke women, and for some of them, I mean they'd been lied to by their boyfriends, they'd been lied to by everybody and they had never really asserted themselves in any way, shape or form, and this was their decision not to be in this position, not to have a baby, not to get stuck again. And they were really flying. They would be really excited you know? We were real sunny and happy, so you know, they allowed themselves to be.

On May 3, 1972 Jeanne Galatzer was working the "Front," caring for three children that had been left by one of the women who was getting her abortion at the "Place." What Jeanne didn't know was that the police were already raiding the South Shore apartment that was serving as the "Place." Ruth Surgal had just dropped off some snacks at the "Front" and when Galatzer heard a knock on the door, she assumed Ruth had forgotten something. It wasn't Surgal, but a large beefy Chicago detective. Jane was being busted at both locations.

The Abortion 7 Bust

"We were terrified. We were looking at like one hundred ten years, one to ten each count. It was very impressive."

-Jeanne Galatzer-Levy

Jeanne recalls what happened when she heard the knock at the door:

I was at the Front which was an apartment in Hyde Park. It was a nice apartment. It was a ground floor, and it had this long, long hallway, and we were way at the back of this building. Ruth had been over, dropping off food or something, and there were a bunch of people there, and I had been talking to them. It turns out that I had a long, very sincere talk with the woman who had turned us in, which really pissed me off later. I didn't know, I mean of course I didn't know. But she was having ambivalent feelings about it, so I was really very helpful. Later I wanted to kill her I was so pissed off.

I opened the door and there were the tallest men I had ever seen in my life, in these suits, and you knew immediately what this was. I don't know if I said anything or if they said anything.

I think they announced they were the police, and I turned around and walked in front of them and said, "These are the police. You don't have to tell them anything." And they were really irritated. That was how they decided to arrest me, because I'd opened the door, and you know, it was perfectly obvious to me— I'm a control freak you know, and I think I took charge the way people do.

They were really tall! Really weird. I developed this whole theory. I love crackpot theories. I intend to be a crackpot when I grow up. My theory is that you had to be really tall to be a homicide cop. These were homicide cops, because abortion was a homicide. And they were homicide cops who hated being there. You know it's not easy to make homicide detective. You really have to be good. It's not even political like taking the sergeants exam. You really have to do something, and they do it because they want to. And by and large what do is they track down people who kill other people. And they think of themselves as good guys and they hated being there. This was not their kind of crime. So they were very ambivalent about it. They were very funny. So we were taken, I was taken, the whole group of us were taken down to the station. I wasn't handcuffed, I don't think. I was treated very nicely, except that I was in a state of perfect terror.

They took everybody. We were dealing with a very poor population, so if a woman was on her second pregnancy and she had

a two year old, she had nobody to leave that two year old with. We would beg people, if you're gonna bring your two year old, bring your sister to watch the two year old. But we had children running around, aunts, cousins, uncles, friends, a random bunch of people.

There were men at the Front and they took them too. I don't think there were a lot of men, but there were a couple. You know I think they were teenagers, very young men. And they tried to sort us all out, and then they interviewed each of us. They asked us questions, and we said— you know we were really middle class savvy people, and we all said, "I don't have to answer that." And basically, at the end of the day I think that they picked who they arrested on the basis of the ones who said, "I don't have to answer that." You know, because everybody else was talking.

Actually some of the women just wouldn't say anything. But when we hired Joanne, the attorney who defended us and she got the paperwork, she said, "You're the best clients I ever had, people talk to the police all the time and you guys didn't, I love you." We knew we didn't have to talk to the police and we didn't.

They asked us, "How much do you charge?" We said, "Well how much do they say we charged?" And they would go crazy because they'd ask the women, "Well what did you pay?" And somebody'd say twenty bucks and somebody'd say one hundred bucks, and it didn't make any sense at all. There was usually this huge wad of cash in illegal abortion busts and the women would come in and say, "I paid five hundred dollars." When we got busted, there was a wad of cash, but it was all singles, and these women were saying, "Oh, I paid ten dollars."

We were very self-aware I think, and there were all kinds of class and race things going on with the police. They felt more like us than like the women they were supposedly protecting from us, and they kinda wanted that relationship. So that was bizarre, just bizarre.

Martha was in the middle of her period, and she needed a tampon, she'd been asking everybody and was getting nowhere, and a woman policeman walked by and Martha just spontaneously jumped out and called to her. Perps can't act like that. It was really scary because it made us realize, you know, who were the arrested. What was a very

natural act for her, was really inappropriate in that situation. It was very scary.

We weren't questioned at the 11th and State lockup, we were questioned at wherever the hell it is, the local. And then we were put in paddy wagons— which are really unpleasant— and driven to 11th and State, and the drive in the paddy wagon was a riot. It was all women and of course everybody else who was arrested was a hooker, because that's all they arrested women for then. And one woman was just giving hilarious stories, regaling us with stories of the street. It was really quite funny. And then we were in the women's lockup at 11th and State.

We were a big group. People said to me afterwards, "Weren't you scared?" But once we were together as a group I wasn't scared again. But it was very unpleasant, a very unpleasant experience. You just don't have choices. It's very strange; it's just not the way life is. Very unpleasant. But we were together, and we were a group, and we figured something would happen. One of the women who was arrested had a husband who was a lawyer. And he had managed to communicate to her. People were calling for us. We'd each made a phone call I guess. We knew that things were happening, and that they were going to pay the bail, and then there was the question of whether they could get us out that night or whether we'd have to wait until the morning.

Later into the evening, they put us into double cells, but we were in a row so we could talk to each other. I was put into a cell with Judy who was nursing at the time and they managed to get her out because she was nursing. She really wanted to get out, she really did. Her son really needed her to get out and her husband really needed her to get out too. If she got out on her own recognizance, that would lower the bail on all of us.

So they got her out on her own recognizance that night, at night court, so then I spent the actual night alone. But it was next door to other people. It was very unpleasant. In the morning, they gave us bologna sandwiches, which I couldn't eat, and coffee. It was awful, but that was breakfast at Cook County Jail. Then they loaded us again, and we went to 25th and California, and we went into the

women's lockup there, I guess it could've have gotten much worse because women now are much more commonly arrested for all sorts of wonderful things. But at the time, many, many fewer women were arrested. The men's lockup was horrible at 25th and California, I'm told, but the women's lock up was pretty small and we were a pretty large group. Then we were called in front of the judge who was very nasty, but who let us out on bail to the arms of our waiting whatevers.

I called my mom and told her that my name was going to be in the paper, and she hadn't seen it. I don't think it had occurred to her to scroll down and look for my name. And she was very upset. She wanted me to promise that I'd "never do anything like that again," and it was very nice but, I understand that you believe in this but you'll never do this again will you? You have to be careful," and all the things that mothers say.

I now appreciate that more than I did then. She was very frightened, and she didn't like it, and we had a conversation about that. But I wasn't living at home and that was that. And honestly my closest friends were in Jane, so the question of how I dealt with it was really in the context of those people, not in any other context.

After the Bust

Eventually the "Abortion 7" as they came to be called, were charged with eleven counts of abortion and conspiracy to commit abortion. According to Galatzer, the remaining members of the Service who had not been arrested distanced themselves from the Abortion 7. Galatzer herself is unsure why this happened.

According to Laura Kaplan, who wrote The Story of Jane, part of the reason was the fear that since the police would be watching the "Abortion 7" people, their continued association could endanger the work of the Service. Some members wanted to shut down the Service, but the leadership insisted on continuing. There were desperate women out there and they needed abortions. Whatever the reasons, Jeanne Galatzer-Levy found the distancing painful and upsetting.

Jeanne recalls:

We were terrified. We were looking at like one hundred ten years, one to ten each count. It was very impressive. We were terrified and we all quit the Service, in fact the group withdrew from us and reconstituted and did their own thing. It was like they really didn't want to be contaminated, which was also very, very upsetting for us. Though luckily for me, my friends were in the group who got arrested.

We became a group, and the first thing we had to do was meet together and try to deal with the fact that we were in big trouble. We really tried to talk to each other, and that was difficult. We were a very disparate group. You could not have done a better job of getting us swiped across the demographics. You really couldn't have. We went from Abby who's really, extraordinarily bourgeois. She and her husband were living out in Downers Grove, which is an affluent suburb of Chicago and she was a New York intellectual political person who had sought us out as a political thing and was really very, sorta old left kinda thing, but very bourgeois.

And then there was me at the other end—and Diane, Diane and I were both dropouts so that was the demographics. It went from one end to the other. Sheila was gonna start her senior year. Martha and then Madeline were housewives with children, young children. Judy had just had her first child; she had been a high school teacher. I think she had just retired, or taken a year off.

Madeline who was very involved with NOW, and very involved with much more mainstream kinds of things, had also been very involved in La Leche League. Martha and Madeline had both been involved in La Leche League early on because they'd nursed. They nursed when nobody did, you know, a million years ago. I don't think we were endorsed by La Leche League, but you know, they're great people. And in some ways, we had trouble becoming a group, and in some ways we never did. But we did have a common interest, and the first thing we did was we interviewed lawyers, and that was really fun. I mean, everything we did was fun, we just had a good time because, we're just who we are.

We'd go downtown we'd all get gussied up, and it really was a matter of gussying up because frankly we all looked like that scene from *The Snapper*. It's an Irish movie, one of the rowdy "down home

on the soil” movies. The teenage daughter becomes pregnant, so it’s this whole thing of who did it to his daughter you know. She’s the oldest child of this large family. In the end, she has the baby and they all go to see her and the whole family dresses up right, meaning the father puts on a suit and the mother puts on a kind of a nice dress, and the little girl puts on her baton twirling outfit because that’s the nicest thing she’s got and the little boy’s got a superman shirt. And I thought that’s exactly the way my family always gets dressed up. I loved it because it looked like my family.

Well, when we went to interview the lawyers, we looked the same way... we’d all get gussied up. But except for Abby, we were clueless as to how to do that. We didn’t have those kinds of clothes anyways, except for Abby of course. So we’d get all gussied up and we’d go down and we’d interview somebody. It was a very high profile case, and defense lawyers really like big high profile cases because they get their names in the newspaper and any publicity’s good publicity, believe me.

Defense lawyers as a group, and I say this knowing one of my closest friends is a defense lawyer and is actually very, very good, are a slimy bunch. There’s a lot of money in it, and you deal with some pretty sick people, and some of these people are really pretty creepy. So we’d meet people who were really creepy.

One guy, I can’t remember his name, a very big guy at the time, had this office, this huge room with a huge desk in the corner of his office, and it was a gleaming mahogany desk, and you know he’s got this couch area. The first thing out of his mouth was, “You know you could be in trouble with the taxes.” Because you know it was clear we earned money. But this had not occurred to us at all, you know, boy that was the last thing we were worried about. We said, “Not him. No way.”

So we’d interview various people then we’d all go out to lunch. And that was all I was doing at the time. And it was pretty much all Sheila was doing at the time. She was trying to finish school, which she did, stretching through that summer. And she wasn’t sure what she was gonna do or— it was very up in the air. Some of us had things that don’t go away like Martha’s kids— they didn’t disappear for the

event. So she'd get up every morning and take care of the kids while all this was going on.

So we interviewed people and we ended up with Joanne who was a gasp. She was just a gasp. She really had this sorta hard as nails persona, and she was just a riot. She had been an elephant girl in the circus. She was great. She'd run off and joined the circus you know, a really interesting person. And she really wanted the case, because she was a woman and she thought a woman should handle the case, and we always thought that too. There were a lot fewer women lawyers then, it was a lot bigger deal. And we liked her. She was the only one who really spoke to us politically.

Well actually, we did talk to a law classics guy, who, I think, was from Northwestern's legal department. He was very political. And he scared the shit out of us because he was much more interested in the political aspect of it than what happened to us. And the last thing any of us wanted to do was to spend any more time in jail ever, and be martyrs. And we did run into people who had weird ideas about what we could mean to them. That was very strange. We just all quickly agreed that we had no interest in that. We had no interest in it being a political statement, we just wanted it to go away. What we were doing was a political statement, but going to jail was not one we wanted and it wouldn't help anybody.

Through most of the first three or four months nobody in the Seven went back to work for the Service. And then Diane came in to a meeting and said, "I'm going back to work... this is really what I want to do, I really care about it, I was just on the verge of being trained and I really wanna do that, and I'm going back." And then Martha went back and I went back, and then Madeline went back. Abby did not, and hated it that we did. Sheila didn't because she wanted to get on with her life; she was going back to school and thinking about what she wanted to do. I don't think Judy went back to work, and I don't remember why.

Why did I make that choice? Well it's very interesting. I was twenty-one when we got arrested, and quite frankly it had never occurred to me that we could get arrested. And probably, it had never occurred to me that choices had consequences, that actions have

consequences. There's nothing like a night in Cook Country Jail to make you realize that actions have consequences. It was an enormous growth experience for me. In a way I was really sorta shaken out of my little cocoon of being a kid. I really realized that what I did made a difference, and could have real consequences and I had to really think through this decision. When I talked through why I was doing this, I wanted to be doing it still. Which made me feel real good about having done it in the first place, and I decided well if this is what I want do then I should do it. It's sorta a civil disobedience argument.

The level of seriousness changed enormously. I was blithe about it, clearly I thought it was important, and I wanted to do it, and I was really having a lot of fun doing it, it was really rewarding. But afterwards I realized that I had made a very serious choice and if I was going to do this, I could get into really serious trouble. And I was gonna do it anyway.

The End of Jane

Joanne, the Abortion 7's lawyer, pursued a strategy of delay. She knew the Supreme Court was going to rule on the Roe vs. Wade case, a major abortion test case. If the Court ruled in favor of abortion rights, then it would be easier to get the defendants off, or at least cut a better deal.

Jeanne Galatzer-Levy explains how it all ended:

Once we had hired Joanne, basically what she said was, "All we're going to do now, from now on, is delay this until the Roe vs. Wade decision comes down because nobody wants to prosecute you knowing that this is happening. They don't wanna waste the money, so they're gonna allow us to wait." So we just dittled around. We had periodic court appearances, in which again we'd get all gussied up and we'd go down and have lunch after the court thing. And we just were waiting, and we knew it was coming.

Some of us had gone back to work, some of us hadn't and we were just waiting. Then the decision came down and I don't remember where I was standing when I heard this decided, I just remember that we all called each other and people called me. We got together and

you know we were thrilled of course, we were real excited and happy, and you know, it was like everything else, you know you get into the court system and everything up, the arrest is so dramatic and exciting, horrifying and all those things, and then everything past that is so boring, and slow and very different kind of time frame and very different emotional thing. It's very surreal. And disconnected in a way that the arrest is so immediate. So basically she said we'll all go in and we'll see, and I'll talk to the prosecutor and see what they'll do. Obviously they're not gonna prosecute you at this point, but there are issues involved. So she went in and they cut a deal. They dismissed everything, and they didn't hit us with practicing medicine without a license which they could've, in exchange for us not asking for our instruments back. We said okay, sure.

The Abortion Counseling Service sort of ground to a halt. I think we did two more weeks. Then we had a party and it was all over.

Feminist Politics and Abortion in the USA

A Discussion with Judith Arcana

Organised by the Birkbeck College Sociology and Politics Society and Pro-Choice Forum, this discussion was chaired by Amanda Callaghan, Public Affairs Manager, BPAS at Birkbeck College of the University of London. It took place in October 1999.

I'll begin by talking about what those of us who were 'Janes' called 'the Service'— though it was formally named The Abortion Counseling Service of The Chicago Women's Liberation Union.

There has been a remarkable pendulum swing since the US Supreme Court's Roe v. Wade decision in January of 1973. The social and political climate around abortion in the US is now actually worse than it was before that ruling, when the Janes were operating. This situation is what made me decide that, as a writer, I should be writing about abortion, including my work in the Service, to bring that part of women's health history to people's attention, to be of use, to stand as a witness. In this collection-in-progress [ed. note: a book called *Maternal Instinct*, now seeking a publisher], I will also deal with abortion now, not just as memory, and not as nostalgia for what some of us did in the past. My perspective is, naturally, different from when I was a Jane. Then we were doing clinical and counseling work, providing illegal abortions, working for women's liberation. Now, 30 years later, I think I have a stronger focus on the ethics, morality and experience of abortion, though surely this focus is fostered and developed through my earlier clinical work, and is still strongly anchored in feminist politics.

I was in my late 20s when I joined The Service. Its history is four or five years long, depending on when you start telling the story; I was a member for two years. In the mid 60s in the US, the UK and Europe as you no doubt know, there was a great deal of ferment within and among liberation movements; in particular in the States, there was a burgeoning anti-war movement and the beginnings of women's movement, the relatively more-established civil rights movement, and organizing/action starting to appear among students. Out of that political context, as well as through the social/medical history of abortion and the history of medical practice(s), the work of the Janes was generated.

In 1968, a college student in Chicago, a young woman who had gone South for 'Mississippi Summer' to work on voter registration and in Freedom Schools, got a phone call from a friend, who said that his sister was pregnant, frantic, and didn't know what to do. This young woman was able to find someone who would do the abortion, despite the fact that it was illegal. Once word got around that she knew how/where to find an abortionist, people kept on calling her. Using the pseudonym Jane, short for Jane Doe, she began to keep a list of abortionists and reports on their practice; she gave out the phone numbers of those who were reported to be competent.

The number of people calling her grew and grew, and she reached a point where she could not deal with demand on her own. So she called a meeting, and a small group of women came together. First, the group just had a list of those in the city who performed abortions. As far as they knew, these people were reliable. As far as they knew, no one on the list had 'botched' abortions, they did not 'come on' to the women they saw, and some of them could be bargained with about money (abortion was very expensive, with prices ranging between \$500 and \$2000).

Soon the referral service evolved into a counseling service and, eventually, into a traveling underground clinic—and this, you understand, was criminal activity. Women joined the Service through periodic orientation meetings, and learned the necessary tasks from those who had come before them. Once their

counseling skills had been developed in new recruits, and the group had come to trust them, they could learn more— doing everything from basic record keeping to becoming a medic, one who performed abortions.

Ultimately, we learned to do abortions in all three trimesters. Although we did only a handful in the third, as you may imagine, there were many in the second, no doubt because illegality forced women and girls to take so much time searching for abortionists and saving up money. The methods that we learned, we primarily learned from one man. He was not a doctor, but he was the best. Once we understood that many of the people doing abortions at that time were not doctors, we realized that we could do it too. This would mean women would not have to be charged a lot of money, could even come through the Service free.

So we pressed this man to teach us, as he had been taught. He was an extraordinary man in many ways, had been doing this work, and maybe other illegal work, virtually all of his life. It's important to note that anything illegal will ultimately generate payments to the mob, so almost all the city abortionists were giving them a cut, as well as paying off the police. Our man, because he didn't live in Chicago, was always 'on the run,' avoiding both the police and the mob. He liked us because we would pick him up at the airport, take him to one of our houses, and bring him work. You could say he was our 'kept abortionist'— and we were his main source of work!

We would bargain at the beginning, maybe urging him to do six abortions for the price he usually charged, and then two or three for free. Abortionists were charging between \$500 and \$2000 over 30 years ago. Hardly anyone had that kind of money; the rich have always been able to get abortions of course, but certainly not most people. So we tried to get the price down as much as we could. 'Our' abortionist liked us, thought we were cool (which we were!), and we liked him, so it was a good arrangement all around. He eventually taught one of us, and then let others watch.

Eventually, the one he had taught then taught others. We did not have to send women to anyone else anymore, unless there was

a situation we felt we could not handle. (For example, some of the people who came to us had already tried to abort in various ways, and we could not take on people with the resultant complications.) We were operating out of various apartments. We packed up our equipment and used different places around the city. So we could not deal with difficult cases. But all the other abortions women needed, we did ourselves.

I first heard about the Service when in 1970 I thought I was pregnant. As it turned out, that time I was not, but I had made the phone calls, had been given the number and told to call and ask for Jane. When I realized I was not pregnant, I called to say I could be taken off the list. The woman I had spoken to—at some length, both times—said she thought I sounded interested in what the Janes were doing, and would I like to join up? In the Fall of 1970 I did that, and remained a member until the fall of 1972.

In those two years, I had two unusual experiences for a Jane. First, I had a baby—on purpose—as did another Jane. Our pregnancies led to major policy discussions about whether pregnant women should keep working with the Service. Other pregnant women previously had decided not to, but we wanted to stay, and the group decided this was a good idea. We essentially subscribed to the idea that women should have babies when they want them and abortions when they need them. We conceptualized this as a sort of motherhood continuum.

Second, I was one of the people arrested when we were busted. It is very important to understand that the political climate in those days was incredibly positive, both in the country at large and in Chicago. I do not mean everywhere and everyone, but there was a general climate which supported positive change: hence Roe v Wade and other landmark events of that period. Chicago was (still is) a heavily Catholic city, but even in that circumstance, nobody messed with us! Everybody seemed to know what we were doing. Police department employees came to us, police officers' wives, daughters and mistresses came to us. Politicians' wives, daughters and mistresses came to us (no local politicians were women in those days, and virtually no police officers either).

Our abortion service was an open secret. In those days, like smoking dope, prostitution and many other illegal activities, abortion was known about and accepted. The bust, therefore, may have been something of an accident. It is also true that in that period, the anti-abortion movement (much, much smaller than it is now of course) was aware that a case would be coming soon in the US Supreme Court— the tide was moving, nationally, inexorably, in that direction, so it is not impossible that our arrest was part of the attempt to stop abortion from becoming legal.

We generally operated in neighborhoods where many local folks knew us. But a sister-in-law of a woman who was coming through the Service, who knew the address for that one day (in early May of 1972), was a devout Catholic; she called the police in her own neighborhood— which was not a district where we generally worked. Abortion was classified as homicide, so they sent the Homicide Squad. Those men apparently didn't know anything about us. Seven women were working that day, including me. We were all taken down to the station, as were all the women waiting, the men waiting with them, and the children too. There were about 45 people in all, from two apartments, the 'front' where people first came, and the 'place,' where we did the abortions. Eventually the police arrested the seven of us. Ultimately the case was dropped, however, since none of the women who were there that day wanted to testify against us, and the case stalled on until the Supreme Court's Roe decision in January of 1973.

I understand that you are interested in current abortion events in the United States, so I'll talk a bit about that now. Almost immediately after the Court's decision, more anti-abortion groups sprang up and organising increased almost exponentially. They were very clever in their approach, having learned a lot from progressive movements, especially the Civil Rights movement. Their tactics were drawn directly from mostly leftist, radical movement groups, and those tactics worked just as well for this new, reactionary movement. Their earliest successes were with State legislatures. Within 6-8 years after 1973, several states passed laws, which disallowed abortion for various reasons, or were on their

way to doing so. Examples of negation or stalling tactics include requiring parental consent for minors, or gestational limits on abortion, or waiting periods once pregnancy has been verified and the decision has been made to abort.

How did this change come about, and why did the political climate change so fast? There are four points to note: The first is what I call the rise of 'the bad guys.' This is the anti-abortion movement, both those who are overtly religious, and those who are not. The majority in that movement are religion-driven. Both the Roman Catholic Church and the Mormon Church are significant in the ongoing structure and action of that movement, and both appear to be possessed of virtually unlimited funds. So the anti-abortion movement has major league money, some might say enough to buy whole state legislatures, as well as to be effective in ways other than simply buying votes and lobbying— like mobilizing its proponents to inundate merchants or media that appear to support women's reproductive rights.

Second, there is the power of the media. Primarily this is television, and to a lesser extent radio, and to a much lesser extent film. For reasons we can only speculate about, the anti-abortion movement has been perceived, and continues to be perceived in the US, as news. Everything they do is news, and because of the power of their organizing and money, they have had an enormous effect, editorially, on the media over the past two decades.

Third, there is science, the technology of pregnancy. People can now make fetuses live, keep them alive outside of a woman's body, from far earlier in pregnancy than was ever imagined by us, thirty years ago. Rapid changes in medical technology have changed pregnancy utterly. We can now watch babies growing, virtually from the beginning of pregnancy, throughout their development; one result of this is that women relate to their fetuses quite differently, even in the early weeks of fetal development (which is, ideally, when abortions should be performed).

Fourth, there is the important central fact that abortion is a woman's issue: it's all about the lives of women and children; it's clearly related to female sexuality and women's autonomy; it's an

issue that was brought forward by feminist movement in the USA. The anti-abortion movement is part of the powerful backlash against women's liberation.

These four factors have combined to make the majority of political elections at any level in the USA be decided (really, in great numbers) according to the candidates' views on abortion—this is true in elections ranging from school boards and library boards to the federal government. The abortion vote is often measured by the media and the pundits before military spending, even before taxes. The question asked of candidates is: Where do you stand on abortion? (sometimes coded as “a woman's right to choose” or “choice”).

Moving from the situation in electoral politics to the sociopolitical effect of anti-abortion activists, it's enormously important that you know the following: many clinics in the US have been strenuously picketed for 15 to 20 years; virtually all clinics where abortions are performed have been picketed at least sporadically in that time. The picketers are people who carry pictures of dismembered fetuses, who thrust crucifixes into the faces of people attempting to enter the clinics, thrust bibles in their faces and pray at them. There is a lot of screaming, there've been scuffles over the years and, on several occasions, terrorist violence. Clinics have been bombed— resulting in serious injuries and deaths, clinic personnel have been shot at, and abortion providers have been assassinated.

In the past, prior to the Roe decision, most doctors in the US would not touch abortion. They were not moved by the needs of women and children, nor were they interested in taking risks for moral and political reasons. Now, a lot of doctors won't touch abortion because, though their licenses are not at risk, their lives are. And who can blame them? The most recent murder was in the autumn of 1998, when DR Barnett Slepian was assassinated in a suburb of Buffalo, New York. He was the only doctor performing abortions in the Buffalo metropolitan area. That's a big community, equivalent perhaps to Birmingham or Liverpool.

Comments and Questions

Floor

The picture you paint of the current situation the US looks grim. Do you see any area where things could improve?

Judith: Yes and no. The extreme violence of the most dangerous members of the anti-abortion movement has, I think, finally begun to affect media representations of anti-abortion sentiment and action, and public opinion as well. Most people don't like the idea of doctors being gunned down by high-powered rifles in their own homes. The screaming on the sidewalk, the waving of the bloody fetus pictures did not have the same effect on the public. But the extreme violence has made a difference. I think there is some turning of the tide because of that.

Politically however, there is more power on this issue wielded by the right than by the left or even the centrists in the US at present. The man who may well be our next President, George Dubya as we call him, is strongly anti-abortion. The public is ignored on this issue by legislators, who get a lot of money and support from the anti-abortion movement. Moreover, there has been, as you may know, a heavily rightwing House of Representatives for the past several years, and most of those folks have been anti-abortion from the jump— they didn't need campaign contributions to urge them to go that way.

Floor

How do young women get abortions? Are there illegal services?

J: I don't think there are as many underground abortionists now as there were before Roe, though of course there are some— there are always some to serve or exploit the very poor. But women, doing what we did— I don't think so. Some women are saying that we need to learn again, and soon, because abortion will be totally against the law very shortly.

If laws and court decisions come to counteract Roe vs. Wade completely, as has happened in some states, then I suppose that could happen. But I don't think it has happened yet. What has happened is this sort of thing: clinics and other organizations arranging for young women, who feel they cannot tell their parents but live in a state where parental consent is required, to be taken across state lines to procure abortions. Some state laws are now being drafted to make this illegal, but it is happening at present. However, for very many young women this is impossible—mostly because even finding out about such services is difficult, and there are so few of them.

For women who are older, there is great expense, and often the grief of going through the pickets. There is fear and shame, and a great emotional burden. Now people are talking about abortion pathologically, in terms of the psychology of women. Even those women who do get abortions carry an onus that had been lessened enormously by 1973 in the States, and is now back in a giant wave, a cultural backlash of huge proportions.

In an interesting—and to my mind related—corollary, there has been a rise in the numbers of women having babies in the States, a ‘mommy boom.’ In part, this is happening because the medical industry, eager to play with its new technology, is encouraging women who might not have conceived without chemical interference to have babies, and touting the ‘right’ of others, even women in their 60s, certainly women in their 40s and 50s, to become pregnant. Lots of people who did not choose to have babies in the 1960s, 70s and early 80s, are now doing so.

Women in the States have bought this new mumsy package in great numbers, almost as great as those in the post WWII “baby boom.” Some women are having babies because they are afraid of seeming selfish, unfeminine, unnatural, or think they are missing a core experience that they are somehow “meant” to have—yes, just as if twentieth century women’s political movement hadn’t happened. We had the three steps forward, now we’re having the two steps back. This cultural wave also makes abortion somewhat less likely than it has been for three, maybe even four, decades.

Floor

Are there areas where it is not like that?

J: In the big cities, in areas where people have more education and more money, things may be a bit different—and it's often a question of class. But, generally, this is what's happening. Even urban/urbane, single, financially successful, women are having babies in their late thirties and forties. Even women with wealth are now going to extreme measures to get babies, buying babies from Eastern Europe, Asia or Latin America, employing a surrogate, or subjecting themselves to the chemical and surgical vagaries of IVF—which is still essentially experimental. It's scary! It's a bad time for women, in terms of the reality of motherhood issues—and I'm speaking as a mother here, not only as an abortion rights advocate. Of course there are still many women seeking abortions, but abortion resources are so much scarcer that, ironically, in the face of all this rush to get pregnant and get babies, there are still many women who also have babies by default, or deliver and give their babies away, or have late-stage abortions, procedures that have greater potential for being difficult, even dreadful, experiences.

Think about this: 86 per cent of the counties in the US have no abortion providers right now. This means women seeking abortion services have to travel, pay more, and lose days of work. Abortion is, in theory, available, because it's 'legal,' but hard to get, even to find. One of the first backlash decisions following Roe was that the federal government does not have to pay for Medicare abortion, so poor women have to scramble for the money or bear a child they can't afford to raise in good health. The insurance of federal employees will not pay for abortion; this includes military personnel, of course, and all of their dependents who are female. And many states have other laws restricting abortion. Individual clinics also tend not to take chances, so even where there are not very restrictive laws, where perhaps a law is just suggested or lobbied for, clinics will be cautious, and fewer will offer abortion services.

Floor

There are a lot of techniques the anti-abortionists have for attacking clinics. Not just bombs, but suing for negligence against clinics, to try to bankrupt the doctor through legal means.

J: There are many, many tactics, and they are using all of them.

Floor

Who are the women who ask you to teach them? What resources are there to do this?

J: Usually college students. You don't need much (in the way of resources) to do what we did. I don't know how many women would be prepared in these times to do what the Janes did. There weren't exactly droves even then, after all, when we were not risking our lives. I think they may be motivated by what I call the romance of the Janes. I would prefer to quash that. We were risking a great deal, and sometimes thought about going to jail, but this, now, is a totally different situation. I want them to understand that they would be practicing medicine without a license and would be taking terrible risks with the fanatics— all without the unspoken positive sanctions that we had. We operated in a supportive climate, one far more like the climate here in Britain, around abortion. If the law is overturned, however, there may be women who will do it. You may be sure I'll wish them well.

The only other group I have heard of who did what the Janes did was in Rome in the 1970s. It is surprisingly easy, however. If you take abortion out of the social, political and legal contextual conversation, the actual doing of it is simple. You really do not need much, as long as you have someone skilled to teach you.

Floor

What is the state of the law in the US at present?

J: It is different in every state, and sometimes within states. There

are very few abortion providers, few medical schools teach it, and most doctors are afraid to do it anyway, or say they disapprove. Beyond that, in terms of the law, it depends on which state you live in. In my state, Oregon, you'd be in luck, despite the fact that we have a periodically resurgent anti-abortion movement. They move back and forth between attempting to bring forward and pass referenda against gay people and against abortion rights; at the moment they've not been successful in either endeavor, but they sometimes come close, and fighting them is a lot of work. But if you lived in Missouri, or Florida, you would be entirely out of luck.

No state can outlaw abortion altogether, because of the Supreme Court ruling, but they try to get as close as they can by finding ways to restrict access, like a requirement for a waiting time of one, two or three days between a positive pregnancy test and initial contact with the clinic, and the operation itself. For women who need to travel significant distances to a clinic or private practitioner (and that's a lot of women because there are so few providers), the time and money of that waiting period is a significant barrier to abortion access. Say you live in Western Montana and have two children and a job and the closest abortionist is a whole day's travel— both for the initial visit and then for the operation after the waiting period. You have to get time off from work, you have to get childcare, you have to have the money to cover both of those, and you have to do it all twice.

Floor

It's very hard to imagine the situation you describe living in Britain. One factor that makes the situations quite different is the existence of the National Health Service in Britain, and the protection it offers to those who practice abortion here. If you practice as part of a service in obstetrics and gynecology, not just abortion, and in a hospital that provides a whole range of services, you are much less exposed than in the US. Where an individual doctor has to make a decision to set up his or her own practice as an abortion doctor, the challenge and exposure is much greater.

You single yourself out in a way gynecologists don't have to here. It therefore perhaps is no surprise that most abortion doctors in the US are over the age of 65. Few young doctors want to take the risk. There is a similar trend here, where younger doctors are also not opting enthusiastically for abortion work. The reasons may be different though. It perhaps is not because of the level of risk involved, but because abortion work is perceived as boring, unchallenging and also unglamorous, compared say to working in infertility, providing IVF.

That also is why in the past not many doctors in the US got involved in abortion work, even in the first few years after Roe when it was not so dangerous. Abortion - who wants to do that? It's not disliked simply for moral and ethical reasons, it's because it's simple, and it's about women. It is not like brain surgery, or anything like the high-tech reproductive medicine that can be done now.

J: Yes, yes and yes.

Floor

The other point about Britain is the response to attempts by extreme anti-abortion activists like Operation Rescue. When they tried to come to the UK they were kept out, under order from the Home Secretary, and refused admission.

Floor

There are other approaches taken by the anti-abortion movement here however. I used to live near to a Marie Stopes clinic in Brixton, and close to it a board was put up which said 'Pregnant? Worried? Come in and talk.' This gave directions to an anti-abortion centre.

Floor

That is a tactic imported from the US.

Chair

There are some anti-abortion counseling centres set up with American money, where women are misinformed particularly about the health risks of abortion. I wanted to ask a question about the ethics of abortion. You said you had become interested in this aspect, but what do you think has most changed in this area in the last 30 years?

J: I think there is a need for us to talk more about what it is we are doing, when we carry out or support abortion. We—in the States—have dealt heavily, up to now, in euphemism. I think one of the reasons why the ‘good guys’—the people in favor of abortion rights—lost a lot of ground is that we have been unwilling to talk to women about what it means to abort a baby. We don’t ever talk about babies, we don’t ever talk about what is being decided in abortion. We never talk about responsibility. The word ‘choice’ is the biggest euphemism. Some use the phrases ‘products of conception’ and ‘contents of the uterus,’ or exchange the word ‘pregnancy’ for the word ‘fetus.’ I think this is a mistake tactically and strategically, and I think it’s wrong. And indeed, it has not worked—we have lost the high ground we had when Roe was decided.

My objection here is not only that we have lost ground, but also that our tactics are not good ones; they may even constitute bad faith. It is morally and ethically wrong to do abortions without acknowledging what it means to do them. I performed abortions, I have had an abortion and I am in favor of women having abortions when we choose to do so. But we should never disregard the fact that being pregnant means there is a baby growing inside of a woman, a baby whose life is ended. We ought not to pretend this is not happening. That pretense has allowed the anti-abortion people to hold the high ground only because we never talk about it! When they talk about the life of the baby, we talk about the life of the woman. This is a big mistake, not a useful or even accurate way to frame the situation. In this scenario, the decision is a contest: a woman’s life against a baby’s life. And when she aborts, then of course she can be seen as a heartless, selfish bitch—just as

the anti-feminist mother-blamers and woman-haters have always said.

In my view— obviously— that is not what is going on in abortion. If we ignore or avoid discussing the reality of abortion, then when women and girls want to think about what it means, we— the ‘good guys’— have no vocabulary to do so. We are told it’s just an operation, a simple procedure, but there is no emotional content to the conversation. In the clinics and counseling offices, having an abortion is sometimes compared to going to a dentist. This is a big mistake. There is no discussion of, and no acceptance of, what is actually being done when the choice is made, when the responsibility to abort is accepted.

Floor

Do you think that is why groups like Project Rachel, which aims to counsel women after abortion about the impact it has on their minds have been set up? Maybe they are the only people out there who are tackling this issue.

J: Yes, I agree with that. I don’t know about that particular group. I believe that the pathologising of abortion, the creation of a Post-Abortion Syndrome— even by well-meaning psychologists— is one result of this. I think abortion belongs in the same context as assisted suicide, euthanasia, even war and domestic self-defense— all situations that require the taking of life with moral, ethical knowledge and acceptance of responsibility.

Floor

Post-Abortion Syndrome originated as part of an anti-abortion strategy where the movement tries to present itself as concerned with women’s health. Project Rachel is a Catholic organisation that exists to do that. There are a number of different counseling organisations that exist to counsel women who, they suggest, are suffering from this [so-called] Syndrome. In England we have similar organisations, which base their activities on those set up in the US— for example British Victims of Abortion, which is

modeled on American Victims of Abortion, and LIFE counseling centres.

My difficulty with the issue is not a disagreement with your representation of what has changed. With regard to women's experience of abortion, I think a shift has taken place where in the mid-1970s, abortion for a significant section of women was thought of through the prism of women's rights, and a positive assertion of independence and freedom. Now that that context has gone, women are likely to experience abortion as an individual dilemma, shaped by the ethical and moral arguments around abortion. These focus on the 'unborn child,' a phrase which was not popularised until the late 1960s in Britain.

J: They have created the language, so we have to struggle against it.

Floor

The difficulty is that while on the one hand we can understand that abortion is experienced differently than in the past, and is difficult for many women who choose to abort. However, what conclusions do we draw from this? First, this does not, to my mind, change the ethical issues that are at stake. The fetus is no more of a person than it was in 1970, just because it may be perceived that way. The issue rather is how we explain that to people, in a convincing way. Second, does the fact that women can find abortion difficult to decide on, and dwell on their decision afterwards, mean that we should respond to this in some way, by for example providing more counseling for women? I don't believe that it does.

J: Neither do I. I don't think we should be talking about trauma or psychological risk. However I do think we should be asking women, "What does this mean for you?" This attitude comes out of the counseling I learned in 1970. "Have you thought about why you want to do this? Do you take responsibility for this?" We—the Janes—could be clear about responsibility, partly because we were deliberately committing a crime. We could say, you are in this

with us; we are committing this criminal act together. You, your mother who brought you to us, your boyfriend who is sitting here with you— it's you and us, together. That was excellent education— giving women a sense of collaborating with and being supported by others and acting with the knowledge, the understanding, that this action, this decision, is their right.

We don't have that context now, but we can still talk about what we are all doing. When it was made legal, the women who came to abortionists became clients, as opposed to women who needed abortions coming to other women who could help them. We need to talk about how to change how we represent, offer, and perform abortion and pay attention to what now dominates women's experiences with the medical industry, particularly the technology around pregnancy, like ultrasound. We have to accept that women are relating to fetuses differently. The relationship we all have to fetuses is in rapid transition these days.

Floor

I was thinking about how to make the strongest argument for abortion. I think using images of starving children might be the best. Abortion will always be necessary, but how do we make this more acceptable?

Floor

Surely the outcome of that approach is to make the case less woman-centred. Surely the child is really irrelevant to the issue. We have services for children, to look after when once born. This is about abortion services, and what women need.

Floor

It is tempting to talk about wanted children, but I think the focus should be because that is what women want, rather than to move the emphasis entirely over to the needs of the child.

Floor

Then you almost inevitably end up with a polarised debate between women's rights and children.

Floor

In terms of public opinion, we should note that the vast majority of Americans are happy with what the law says at present. Polls in America, regardless of the merits of the pro-life or pro-choice positions, show that the vast majority are happy with the situation that exists. That is to say, Roe v. Wade still stands, but states are allowed to introduce their own legislation. It is 10 per cent of people who are pro-life, and 10 percent who are pro-choice who are on the extremes. What you are arguing for is either a change in the American political system or for different Americans!

Chair

My own view, talking as someone who works for an abortion provider, would certainly be to separate any future problems a child might encounter from the abortion request. Most women who come for abortion do not want to be pregnant, and that is the issue. The argument should be that women should be able to enjoy sex without the consequences of unwanted pregnancy. We should be able to just talk about abortion as a practical, medical issue.

Floor

That would be to suggest that having an abortion doesn't have consequences.

J: I think that we can talk about abortion and the lives of children at the same time. We can talk about the life of a woman who is deciding whether she wants to make a new person and raise that person. We do not have to split those questions or their answers off from each other. I definitely do want to talk about the fact that when you are pregnant, there is a baby growing inside of you. I think the quality of life of children is important, more important than the dubious value of simply being alive. We can say women need to decide, once pregnant inadvertently, whether to have the

child; and one of the issues that they need to consider is whether they want to make a person, raise it for 18 years, and throughout that time be emotionally, financially, spiritually responsible for it. That is the situation, the question, which is raised for a woman by pregnancy. Do I want a baby? A woman thinks: what would happen if I had this baby? What would happen if I didn't have this baby, if I aborted it? What would happen if I gave it away?

Floor

But if we use the image of the starving child, the implication is that abortion can be used to prevent women having children in certain circumstances, and this is about population control.

J: I absolutely agree that we should be careful with our language, our meaning, even our graphics. It is a complex issue. The young American women I have encountered, and those asked in surveys, are now starting to say something they never used to say in the 60s and 70s. Now they say 'I think abortion should be legal, but I could never have one.' This reminds me of when women used to say of rape, 'How could she let that happen to her? I would never let that happen to me.' We learned fairly quickly, once we began to study rape, that that response is not only unkind, but deeply ignorant of the reality of rape. But with abortion, something has changed the other way, gone backwards, so to speak. A US generation has grown up in a context where abortion is a negative word. Granted, abortion was never a jolly subject, but simply thinking and talking about abortion is once again something people do not want to do, something fraught with guilt and fear and shame. This is because they have learned to think simply about abortion— they think only that abortion is 'a bad thing.' They do not identify with the struggle for it, or with the need for it. That has all been minimized in these past three decades, proving (yet again) that what Ida B. Wells-Barnett said to the American public about lynching just about a hundred years ago, is still true, and broadly applicable: "Eternal vigilance is the price of liberty."

Need help paying for an abortion?

Abortion funds are community-based organizations, often run by volunteers, who help women and girls who want to terminate a pregnancy but cannot afford the cost of a safe, legal abortion.

National Network of Abortion Funds

Website: www.nnaf.org

(Their website contains a useful U.S. map to see if there is a fund in your area.)

The National Abortion Federation

Hotline: 1-800-772-9100

Website: www.prochoice.org





This collection may not only to be viewed in terms of abortion rights, or even strictly in terms of the quest for women to have control over their bodies, but also in terms of any group of people face-up against the onslaught of modern-day slavery (in all its forms) taking control over their lives. *Jane* is an inspiration—a beautiful example that battles can be won without begging. Today they can be seen as a bold display of an effective underground organization operating with utter disregard for the letter of the law— women taking their lives into their own hands and taking responsibility for their actions, all the while without asking for anyone's permission.

firestarter press
PO Box 50217
Baltimore, MD 21211
USA

firestarterpress@ziplip.com